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Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Haley, Shelly

ID: 1000010733986 DOB: 4/17/1975
Treatment Plan (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023
10:48 PM

TREATMENT PLAN FOR SHELLEY HALEY
A treatment plan was created or reviewed today, 7/30/2023, for Shelly Haley.
Meeting Start: 10:35 AM - Meeting End: 10:45 AM
This was a 90 Day Treatment Plan.

Diagnosis:
Adjustment disorder with anxiety, F43.22 (ICD-10) (Active)
Delusional disorders, F22 (ICD-10) (Active)
Major depressive disorder, recurrent, mild, F33.0 (ICD-10) (Active)

PROBLEM / NEEDS:
Problem / Need # 1: Stress Exposure

Problem / Need: STRESS EXPOSURE

PROBLEM: Housing/Living Environment Deficiency
Ms. Haley's housing/living environment deficiency is an active need that affects her recovery environment and requires intervention. It is primarily manifested by:
Poor Budgeting Skills: Details are as follows:
*Resulting in Periods of Homelessness

PROBLEM: Mental Health
Ms. Haley's mental health is an active need that affects her recovery environment and requires intervention. It is primarily manifested by:
Need for Medical Management due to:
*Non-compliance with follow through of medications

Audit Log

Copy contents of the text only into:

clipboard

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Copy complete note into:

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Print

Print Preview

Go to WORK Areas

Service Location:

SOS

Turn Name In Header ON or OFF

off

Calendar

Print Invoice

\$ Account

Make Referral

Create Clinical Summa

Create Discharge Summ

Go to Therapy Groups

Change Note Title

This Note has never be
eSigned

Electronically Sign
and Lock this Note

Signed Copies:

spell check

find

(Please click in the field
and scroll down to see
full text of note.)

Capture
Signature

#1 Signed By:

Capture
Signature

#2 Signed By:

Capture
Signature

#3 Signed By:

1 of 1

7/30/23, 5:44 PM